

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Education		CONTACT PERSON Daphne Buckley	TELEPHONE NUMBER 601-359-3631	
ADDRESS MDE Office of Quality Professionals and Special Schools PO Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL dbuckley@mde.k12.ms.us	SUBMIT DATE 11/18/11	Name or number of rule(s): Approval to modify the existing Mississippi Teacher Appraisal System for use in the Teacher Incentive Fund Grant School Districts		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Approval to modify the existing Mississippi Teacher Appraisal System for use in the Teacher Incentive Fund Grant School Districts.

Specific legal authority authorizing the promulgation of rule: State Board of Education

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

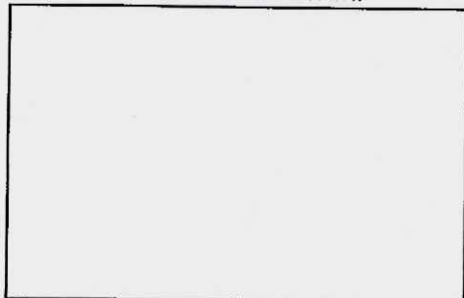
Action proposed:
____ New rule(s)
____ Amendment to existing rule(s)
____ Repeal of existing rule(s)
____ Adoption by reference
Proposed final effective date:
____ 30 days after filing
____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 10/21/2011
Action taken:
☒ Adopted with no changes in text
____ Adopted with changes
____ Adopted by reference
____ Withdrawn
____ Repeal adopted as proposed
Effective date:
☒ 30 days after filing
____ Other (specify): _____

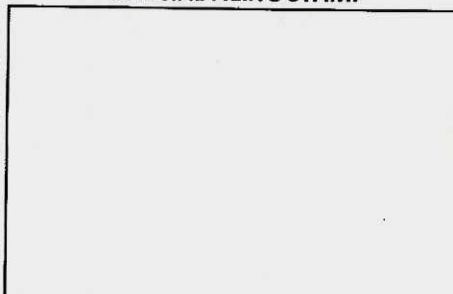
Printed name and Title of person authorized to file rules: Daphne Buckley, Deputy Superintendent, Office of Quality Professionals

Signature of person authorized to file rules: Daphne Buckley

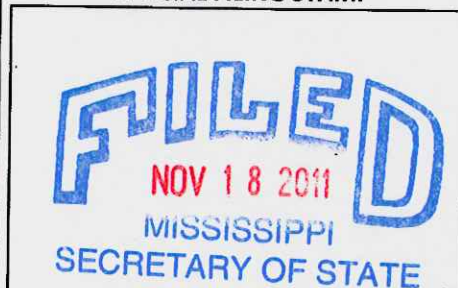
OFFICIAL FILING STAMP

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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.